

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0004069
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Ability West
<b>Provider Nominee:</b>	Breda Crehan-Roche
<b>Lead inspector:</b>	Ivan Cormican
<b>Support inspector(s):</b>	Lorraine Egan
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 22 June 2016 16:00 To: 22 June 2016 22:10

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

**Background to the inspection**

This inspection was carried out to monitor compliance with specific outcomes. The previous inspection of this centre took place over two days, 27 and 28 January 2015. As part of this inspection, inspectors reviewed the actions the provider had undertaken since the previous inspection. Of the 12 actions required following the last inspection, 11 had been addressed in line with the provider's response and one had not been satisfactorily addressed and remained non-compliant on this inspection.

**How we gathered our evidence**

As part of the inspection, inspectors met with four residents. Three of the four residents spoke freely with inspectors. Each resident expressed happiness with the service provided in the centre and also stated that staff treated them with warmth, dignity and respect. One resident who was non verbal interacted with inspectors on their own terms, the resident appeared happy and interacted warmly with staff. Throughout the evening inspectors observed staff consulting with residents in regards to what activities they would like to do. All residents interacted freely with each other and staff, the chosen activities were ultimately decided by residents with

staff facilitating the residents' decisions. The inspectors also spoke with two staff members, the person in charge and the area manager. The inspectors observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also viewed.

#### Description of the service

The provider must produce a document called the statement of purpose that explains the service they provide. In the areas inspected, inspectors found that the service was being provided as it was described in that document. The respite is part of a purpose build, it shares part of the building with a day service. The centre can cater for five respite users at any one time, with 20 individuals listed as using this service. On the evening of inspection there were five residents using the respite service. The centre is located on the outskirts of a small town. There is footpath access into the town where local services such as shops, public houses, restaurants and pharmacies are available. The centre also has a vehicle with a wheelchair lift which can be used by residents in the evenings and at weekends.

#### Overall judgment of our findings

The inspectors found that residents received a good quality of service in the centre, although there were several areas for improvement identified. The inspectors found that the provider had put systems in place to ensure that the regulations were being adhered to, with good practices identified in all outcomes inspected.

The inspectors found examples of compliance with the regulations in the following areas:

- Residents were consulted about how the centre was operated (outcome 1)
- Personal plans were regularly up-dated and individually assessed with the residents' choice and goals to the fore (outcome 5)
- The premises was well maintained both internally and externally (outcome 6)
- Residents were supported to achieve and enjoy the best possible health (outcome 11)
- Medications were administered in line with best practice (outcome 12)
- Unannounced internal audits had been taking place (outcome 14)

The inspectors found improvement was required in the following areas:

- Lack of a detailed on-call system (outcome 7)
- The provider failed to recognise an alleged safe guarding issues (outcome 8)
- Incomplete staff roster (outcome 17)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, the inspectors found that residents were consulted about how the centre is planned and run. Residents' independence was actively promoted and their rights and dignity was respected.

Inspectors found that residents' opinion was sought in order to enhance their respite experience. Inspectors observed staff chatting openly with residents in regards to meal choice and activities, with residents deciding to partake in games, walks and a trip into town on the evening of inspection. Residents had keys for their respective bedrooms, which they could lock if they so wished. Ample storage was available for residents, bed side lockers were purchased since the last inspection allowing residents to lock away any personal belongings.

Documented weekly meetings were taking place where residents would discuss any issues or preferences within the centre.

The person in charge advised that advocacy for residents was facilitated through the day service; any issues arising from these sessions would be passed onto the respite staff.

There were effective measures in place to ensure that residents' rights were not restricted. All identified restrictions were assessed and reviewed through the organization's human rights committee with the least restrictive measure being implemented.

Intimate care plans were in place and respected the rights and dignity of the individual, residents informed inspectors that they would ask staff for assistance if needed. This

information was detailed in their respective intimate care plans which were reviewed by inspectors.

The centre also had procedures in place for managing complaints, with an easy read version of the complaints process also available. All complaints received were documented clearly and investigated in a prompt manner by the person in charge.

**Judgment:**  
Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

New contracts which included the service to be provided and fees payable were recently distributed to residents and families. The person in charge stated that all contracts of care have been signed, this was reflected in the sample viewed by the inspectors.

The person in charge told the inspector that all admissions to the centre take place on a planned basis. Admissions taking place were individualised to each resident's need. Prospective respite users were encouraged to visit the centre prior to using its services. There was a policy in place to guide staff practice in regard to admissions to the centre. This policy outlined specific guidelines in respect of admissions to the respite centre.

**Judgment:**  
Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors found that residents' welfare and social wellbeing was maintained to a high standard within the designated centre.

A sample of residents' files were reviewed, each of which was individually assessed to include resident's choice, goals and healthcare needs. All personal plans were made available to residents. On the evening of inspection residents were in possession of their own files and were happy to show and discuss their plans and goals with inspectors. The person in charge stated that residents were supported in achieving their goals in a collaborative way with the involvement of family, key personal contacts, the person in charge, relevant clinicians, allied health professionals and staff members from both the residential and day service. Personal plans were reviewed annually and as needed to meet the changing needs of residents.

Communication passports were in place with detailed information available including how individuals who are non verbal may communicate through the use of objects of reference, facial expressions and gestures. Hospital passports were also in place with relevant information such as residents' care needs in relation to communication, eating and drinking, medication, sight and hearing and how the service user may display pain stress or worry.

The person in charge described that both bereavement support meetings and relationship and sexuality training were facilitated in the day service for service users as outlined in the action plan from the previous inspection.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, inspectors found that the premises was in a good state of repair and met the assessed needs of residents.

The centre is a purpose built building comprised of two storeys and is within walking distance of the local town. The first floor of the centre and part of the ground floor were used by a day centre which was based in the building. Renewable energy systems were used to heat the premises and provide hot water. Thermostatic controls were in place to regulate the temperature of the water and to ensure residents were protected from risk of scalding.

The sitting room, dining room and kitchen were shared by the day service and the respite centre. Residents' bedrooms were located on a separate corridor. The centre was clean, bright and well furnished throughout. Soft furnishings such as curtains, cushions and throws were purchased with the assistance of residents since the last monitoring inspection.

The centre had been designed around the assessed needs of residents with assistive equipment available for residents where required. Corridors and doorways were wide and could accommodate wheelchair users. Records showed the assistive equipment had been serviced as necessary.

Each resident had an individual bedroom and access to shared bathroom facilities. Bedrooms were suitably decorated and some residents had personalised their rooms for the duration of their stay. A resident spending an extended period in the centre had a television in their bedroom.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

On the day of inspection, inspectors found that there were systems in place to promote and protect the health and safety of residents, visitors and staff.

The risk management policy was reviewed by inspectors. The risk management policy identified the procedures for the identification and management of risk in the centre.



There was a safety statement and risk register which set out the risks in the centre and the associated control measures. Residents had individual risk assessments in place, each risk was accurately described with an appropriate risk rating and subsequent control measures in place.

There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records. Incidents were reported in detail, the corrective action was documented and all records were maintained.

There was a vehicle for residents to use at weekends and in the evenings. Documentation viewed showed that this vehicle had been serviced and had passed a test to state it was roadworthy. The wheelchair lift for the vehicle was also serviced on schedule.

Systems were in place for the prevention and detection of fire. Training records showed that staff had received fire safety training. Regular fire drills were carried out and documented. The inspectors reviewed the maintenance and servicing records for the alarm and fire equipment and found that they had been serviced as required. A closed circuit television system was in place to provide an overview of the entrances and exits of the centre and the external grounds. .

Mops were now stored in a designated area off the ground. The visitors book had been up-dated to include incoming and outgoing times and residents could now lock their own bedrooms providing both privacy and security.

However, the lack of a formal on-call system for staff to use in times of emergency was only partially addressed since the last monitoring inspection. Inspectors viewed a visible on-call system covering the hours from Friday evening until Monday morning, which gave staff a clear account of individuals to call in the event of an emergency during those hours. It did not detail who to call for out of hours emergencies occurring from Monday to Thursday. When interviewed, the person in charge and area manager indicated they could be contacted in the case of an emergency. They also suggested that staff who live nearby could be contacted if required. The inspectors noted that there was no documentation in the centre stating who could be contacted out of hours from Monday to Thursday in the event of an emergency. The associated risk assessment for lone working had limited detail in regards to control measures, stating that local staff who live nearby should be contacted. When interviewed, staff in the centre were aware of the on-call system at the weekend and also went on to say that if an emergency occurred during Monday to Friday that they would ring various staff until someone answered.

There was an emergency plan which guided staff regarding the evacuation of the centre in the event of a fire or other emergency. A short term contingency plan was in place in the event of a loss of heating or water, a burst pipe in the centre, including the measures to be taken by staff. There was also Personal Emergency Egress Plans (PEEPs) in place for residents, each of which detailed their individual emergency plan.

However, inspectors noted that information contained in the centre evacuation plan referring to individual residents was not reflected in their associated PEEPs, such as the use of rewards to encourage residents to exit. Inspectors viewed documentation which stated that a resident was at risk of absconding, this was not included in their individual PEEP. The risk of absconding had been risk assessed by the provider in general terms and control measures put in place, but the risk assessment failed to cover the area of fire precautions.

Inspectors also noted that door wedges were being used to keep fire doors open in the kitchen area of the centre. The person in charge removed these wedges on the evening of inspection.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The centre had implemented measures to protect residents from being harmed or suffering abuse.

There was a policy and procedures in place for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse. Staff had received training in the prevention, detection and response to abuse. There was a designated person in the organisation with responsibility for responding to allegations of abuse. Staff and the person in charge were aware of this person and knew how and when to contact them.

Inspectors also reviewed the complaints log. When dealing with a complaint, it was highlighted to staff that a resident may have suffered an injury whilst interacting with staff. The person in charge advised inspectors that the designated person was not contacted in relation to this alleged abuse and that it was processed in accordance with the complaints policy.

A centre specific guidance document was in place to guide staff when supporting residents to manage their money. Receipts were referenced and signed by staff and residents where possible to indicate withdraws, lodgements and purchases. There was also a monthly audit of monies by the person in charge to ensure that all receipts were referenced and balances were correct. All balances reviewed by the inspector were in accordance with balances recorded. However, on the evening of inspection, the inspector noted that a receipt total entered on documentation did not match the specific receipt referenced for that entry.

There was a policy and procedures in place for the provision of intimate care and residents had individual intimate care plans which identified the supports residents required.

Residents requiring support with behaviours that challenge had support plans in place. The inspector viewed a sample of these and found that they clearly outlined the supports the resident required and included an outline of relevant documentation to be read in conjunction with the behaviour support plan. Behaviour support plans were comprehensive and included an outline of the behaviour of concern, the predictors of the behaviour, an analysis of the behaviour and behaviour support guidelines. Measures outlined to support residents included reference to the importance of familiarity of staff with residents. All behaviour support plans were signed by staff to indicate they had read and understood the support plans. Any restrictive practices that were in use within the centre had been reviewed by the organisations human rights committee and had been upheld.

**Judgment:**  
Non Compliant - Moderate

### **Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Residents were supported to achieve and enjoy the best possible health. The inspectors viewed a sample of residents' personal plans which showed that residents' health needs were being identified and responded to. Care plans were in place to cover needs such as epilepsy with associated buccal midazolam procedures also available. All staff had been trained in the administration of such medication.

As residents lived with family members and attended the centre for respite breaks. Their healthcare needs were supported by their families and the centre had relevant information such as the results of appointments and any supports the residents required.

Residents were supported to access their general practitioner (GP), dentist and allied health professionals such as speech and language therapists, occupational therapists and physiotherapists as required.

Food was available in adequate quantities and residents were supported to make healthy food choices. Inspectors observed residents chatting freely to staff in relation to meal choice on the evening of inspection.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development

### **Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

### **Findings:**

Inspectors reviewed documentation and work practices in regards to medication management within the designated centre. A revised organisational policy was in place which accounted for the appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines.

All relevant staff had been trained in the safe administration of medication, including the administration of buccal midazolam. Five medication administration recording sheets were reviewed, and also their associated prescription sheets, all of which were in accordance with medications prescribed. Monthly audits were taking place by the person in charge and staff interviewed had a good knowledge of best practice in regards to the safe administration of medication. Medications were stored appropriately in a locked press, with the keys to the press being held by the senior staff on duty.

Four prescription sheets were viewed, each contained the times for medication to be administered and had been signed by the G.P.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, the inspectors found that the person in charge was supported by the organisation to carry out her role.

The centre had a clearly defined management system in place with clearly defined roles of authority and accountability.

The person in charge was new to the role and had been interviewed prior to the monitoring inspection. Throughout the inspection the person demonstrated a willingness to engage with inspectors and had relevant knowledge of the care and support regulations. The person in charge also interacted with residents in a warm, friendly and caring manner. The person in charge worked alongside members of staff in delivering the service to residents. The person in charge's direct line manager was present on the day of inspection and both she and the person in charge told the inspector that there was good communication across all levels of the organisation.

Unannounced audits had been taking place as per the regulations, with the last audit taking place 24 May 2016. There were no major risk highlighted. There was good evidence of learning from the audit with improvements noted to records management, communication passports and staff signature sheets in regards to care plans.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, inspectors found that staff in the centre had received adequate training and supervision to carry out their roles. The inspector also found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection.

The person in charge maintained a planned staff roster which the inspector viewed and found to be accurate for the days of inspection. However, improvements to the roster were noted by inspectors, the roster referred to staff by their first names only and there were no start or finish times indicated for those covering night duty.

The training matrix viewed indicated that all staff were up to date with training needs. Training records indicated that all staff had received training in adult client protection, management of behaviours that challenge, hand hygiene and manual handling, fire safety and medication management.

Inspectors were unable to view staff files on the day of inspection as they were held in the organisations head office. On a day following the inspection, inspectors reviewed four staff files. All files contained the necessary information as detailed in schedule 2 of the regulations.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the day of inspection, inspectors found that overall the records and documentation were maintained to a good standard.

During the course of the inspection a range of documents such as the personal plans, accident and incident records, complaints register, staff recruitment files and health care documentation were viewed. The documentation was found to be well organised with clear and concise information available to inspectors. All files were reviewed on a yearly basis, with personal plans and healthcare records revised as residents needs changed.

The centre had all of the required policies as listed in schedule five of the regulations. The directory of residents now contained next of phone numbers and all personal plans viewed contained detailed supports in regards to residents oral hygiene. These issues had been raised in the previous inspection report.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Ivan Cormican  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Ability West
<b>Centre ID:</b>	OSV-0004069
<b>Date of Inspection:</b>	22 June 2016
<b>Date of response:</b>	12 August 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to address risk in relation to fire precautions and responding to emergencies.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.



**1. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**

The Person in Charge has compiled a detailed local on call system which can be used in cases of emergencies from Monday to Friday. There is an organisational on-call system for weekends.

The Centre Emergency Evacuation Plan and the relevant Personal Emergency Evacuation Plans have been updated to include more specific individual needs to assist residents to vacate the building in an emergency situation. Door wedge was removed on the day of inspection.

Action completed.

**Proposed Timescale: 07/07/2016**

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to recognise an allegation of abuse.

**2. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**

The Person in Charge contacted the Designated Officer in relation to the alleged abuse. A CP1 form has been completed and forwarded on to the Safeguarding Team. An NF06 has been completed and sent to HIQA. The Safeguarding Vulnerable Adults Policy and Procedure has been reiterated to staff, with particular emphasis on following procedures with regard to reporting alleged allegations of abuse to the Designated Officer.

**Proposed Timescale: 30/08/2016**

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The rota lacked sufficient information in regards to staff names and night duty hours.

**3. Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

**Please state the actions you have taken or are planning to take:**

The Person in Charge has amended the rota to include full names of each staff member. Also the exact times are entered for the night-duty hours and if abbreviations are used, same are noted at the top of each sheet.

Action completed.

**Proposed Timescale: 23/06/2016**